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OCT 27 2006

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23459 7590 06/06/2006
Arthur J. O'Dea
Legal Department
Cognex Corporation
One Vision Drive
Natick, MA 01760-2077

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Cheryl Sloane	(Depositor's name)
<i>Cheryl Sloane</i>	(Signature)
10/24/06	(Date)

10/30/2006 CCHAU2 00000071 032357 10705287

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/705,287	11/11/2003	William Silver	C97-050 CON7	5193

TITLE OF INVENTION:

FAST HIGH-ACCURACY MULTI-DIMENSIONAL PATTERN INSPECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/06/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
MARIAM, DANIEL G	2624		382-209000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Russ Weinzimmer

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cognex Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Natick, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2357 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Tracy Calabresi

Date 10/26/06

Typed or printed name Tracy Calabresi

Registration No. 38,920

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